PHYSICIANS should state Exact. statement of OCCUPAproperly classified. TH UNFADING INK—THIS IS A PERMANE y supplied. AGE should be stated EXACT TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be erully supplied. mation should be c

MARGIN RESERVED FOR BINDING

V. S. No.

1. PLACE OF DEATH	TED U4004
County Harford	Registration Dist. No. 183
Village or City Jassettaville	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  3
2. FULL NAME Susannoh amos	
(a) Residence: No.	Mark Ward
(a) Residence. No. (Usual place of abode)	lf nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female of the Street S. SINGLE, MARRIED, W100 WEO, OR DIVORCED (write the word)	21. DATE OF DEATH Colin 29 (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, end year) File 6 1845	
7. AGE Yeers Months Oays If LESS than	to heve occurred on the date stated ebove, at
29 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particular	Were es follows:  Octoolorset  Octoolorset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	or your
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
this occupation (month and	
yeer) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Harfind Co ma	Oldage
(State or country)	
13. NAME NOT MUTUR	
13. NAME NOT States  14. BIRTHPLACE (city or 10wn) Just Kusuu	Name of operation
(State of Country)	Whet test confirmed diagnosis? 2000000000000000000000000000000000000
15. MAIOEN NAME Pocock  16. BIRTHPLACE (city or town) MA.	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Muss Emma Sheet (Address) Janutaville med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place Date Legist 36, 133	Nature of injury
19 UNDERTAKER ZERUNG DON	24. Was disease or injury in any way related to occupation of deceased?
(Address) Janettoville mo	If so, specify —
on sura Obras .33 Plane R B.	(Signed) H F Bradley M.D.
20. FILEO PM 30, 1933 Phomas C. Stown Registrar.	(Address) Carrettwill elld
76 13 1 1 1 1 1 1 1	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		135/11703	
Other contributory causes of importance:		Other contributory causes of importance:	33
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(31) (4055	
County Harford &	Registration Dist. No. 182	
Village or City Belan md	No. St., Ward	
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?	
2. FULL NAME Steamers and archer		
(a) Residence: No. Beland md	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Manuel  Manuel  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Mogyli)  (Day)  (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sybil Marcher	22. I HEREBY CERTIFY. That I attended deceased from	
6. DATE OF BIRTH (month, day, end year) Sept 30 - 1850	I lest saw has alive on Off 5 19 D; death is sal	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5-3A-m.	
82 ( I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Chroma Nephriles	
Andustry or business in which	Hypertannon	
work was done, es SILK MILL, Clerical Gall Brad		
year) occupation occupation	Other Contributory Causes of Importance:	
12, BIRTHPLACE (city or town) Town Count Comments Town State er country)		
14. BIRTHPLACE (city or town) Mudical Hall	Name of operation. Zone Date of	
(State of Country)	What test confirmed diegnosis? Wes there an autopsy? Zea	
15. MAIDEN NAME Sarah Watson  16. BIRTHPLACE (city or town) Watson	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
17. INFORMANT Mus Syblyw Orches	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address) Selaw Mac		
Place Presty Churchy Bate Copy 1033	Manner of injury	
19. UNDERTAKER Degry Voster	24. Was disease or injury in any way releted to occupation of deceased?	
20. FILED April 6, 1933 D. E. Chambers Registrar.	(Signed) Belan Mod	

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To be complete, an occupation return must state:

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9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

'In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over Prestreet car 100	1 week ago
July 5,1927	Peritonitis	3 days ago
	200	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epiteosy.  1921  Run over in street ear  July 5, 1927  Perilonatis  Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH	C.
1. PLACE OF DEATH	pa	,
County Harbard	Registration Dist. No. 185	
Village or City Thave de Grace	The state of the s	****
	No. 140 St., death occurred in a hospital or institution, give its NAME instead of street and number)	_Ward
	How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Collew a Procon	W	
(a) Residence: No Alaren de Sa	2 e St. Ward.	
(Usual place of abode)	If unresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	ACCORDING TO SERVICE
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Jemale Colored OR DIVORCED (write the word)	(Month) (Oay) (Ya	3
5a. If married, widowed, or diverced HUSBANO of		
(or) WIFE of John Drown	22. HEREEN CERTIFY, Itset I attended decease	d from
23 1808	19 , 10 , 19 , 19	
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h aliva on, 19.33; death to have occurred on the data stated above, at, 24 m.	is said
24 0 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
8. Trade, profassion, or particular	wore estallane:	ofonset
kind of work done, as SPINNER, House worker	at a	p
kind of work done, as SPINNER. Journal Work of work done, as SPINNER. Journal Work done, as SPINNER. Journal Work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oata deceased last worked et this occupation (month and of the property of the second last worked et this occupation (month and of the property of the second last worked et this occupation (month and of the property	aucrum T a	les ;
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	former wereassed	-149
10. Oata deceased last worked et this occupation (month and ) 11. Total time (years) spent in this /0.444		2
year) occupation 1944		
12. BIRTHPLACE (city or town) Itest Clester	Other Contributory Causes of importance:	
(State or country) Ps.		
13. NAME Mulanown		
14. BIRTHPLACE (city or town)	Name of operation Data of	
(Stata or country) Unbrown	What tast confirmed diagnosis? Was there an autopsy?	4
15. MAIDEN NAME Martha Rett	23. If death was dua to external causes (VIOL ENCE) fill In also the following:	-
15. MAIOEN NAME Martha Gett  16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury19	
E (State or country) Maryland	Where did injury occur?	
17. INFORMANT Calluoud a. Phinion	(Specify city or town, county and State) Specify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Perrinary	Sporty mand many section in industri, in nome, of introduct PEACE.	
18. BURIAL, CREMATION, OR REMOVAL	Mennar of injury	
Placelmoun. Eleusterpate per. 8, 1933	Nature of injury	
19. UNDERTAKER HENRY Jacking & Sous	24. Was disease or Injury in any way related to occupation of deceased?	)
(Addrass) Oberdele ma	If so, specify	
200 7 33 Blands \ 200 70 3	(Signad) In Claim	м р
20. FILED Car. 7, 1953 Charles John M. D. Registrar.	(Address) Han h	
If more blanks are model address Serie British	NOTE OF THE PROPERTY OF THE PARTY OF THE PAR	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 weck ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
16 1 1000	Other contributory causes of importance:	
May 1,1925	Gusu venieruis	1 ycor
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis

If more blanks are needed, addiess State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

01 22/111
Registration Dist. No. 185
St., Ward itution, give its NAME instead of street and number)
f of foraign birth?yrs,mosds.
If nonresident give eity or town and State
CERTIFICATE OF DEATH
(Month) (Day) (Year)
SY CERTIFY, That I attended deceased from
, 19, 19, 19; death is said
atad above, atm.
ATH and ralated causas of Importanca
Tueunonia: // days
Leaten of the log out all night- nportance: exposed to the exception can a
beaten my He low out alt midt
nportanca: the sent con
The water water
Date of
Was there an autopsy?
causes (VIOL ENCE) fill In also the following:
Date of injury, 19
(Specify city or town, county and State) In INDUSTRY, in HOME, or in PUBLIC PLACE.
***************************************
way ralated to occupation of decaesed?
Kaubinser Maner
Hautinger (Corner) mo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V	1 1		
Other contributory causes of importance:	Striftgragate, upp	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF BEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMANE! mation should be carefully supplied. TION is very important. B.—WRITE PLAINLY, ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04059
1. PLACE OF DEATH	95-00
County Varford	Registration Dist. No. 185
Village or City Havrede Grace	No. 6/5 Socrtin St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Hyland Treema	n Conley
(a) Residence: No. 475 Bourton	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (North)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary . Concley	1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) May. 18, 1845	I last saw hamelive on April 24, 1933; death Is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3, m.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic Clericular Febrillation of onset
SAWYER, BOOKKEEPER, etc.	1 1
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 4 2 11. Total time (years))	T Cherry Actions
Spantin this art of	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) A Jacob Marco (State or country)	
E // // /	740
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au opsy?
=	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Vacanto Co (State or country)	Accident, suicide, or homicide?
Men Manual Sil	Where did injury occur? (Specify city or town, county and State)
(Address) 6 7 5 Book for Sh	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Male July Date Jev. 1, 1903	Nature of injury
19. UNDERTAKER Madison Matchell (Address) Havre de Sease Mid	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED apr. 26, 1933 Cheeles J. Felry M.D.	(Signed) T. J. Leiney M. D.
# 4	(Address) All But Type The state of the state of the street, Baltimore, Requesting U. S. No. 1.

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Example I	State of the state	Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			سنامات
Other contributors sauses of importance		Other contributory causes of importance:	4 *
Gallstones	May 1,1923	Gastroenteritis	1 year
APR 29 1933			
CTEL VICTOR			

should state RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement properly classified. FOR BINDING stated EXACT A PERMANE See instructions on back of certificate. S MARGIN RESERVED TH UNFADING INK-THIS should be plain terms, so that it may supplied. TION is very important. CAUSE OF DEATH N. B.-WRITE PLAINLY mation should

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH (14060)
1. PLACE OF DEATH	(34)
County Harford	Registration Dist. No. 182
Village or City Bel Que (16	No. St., — Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Geremiah Fisher	
(a) Residence: No. Benson (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  April (Month) (Oay) (Year)
5e. If merried, widowed, or divorced HUSBANO of	
(or) WIFE of Marie Fisher	1 HEREBY CERTIFY, That I ettended decessed from 28, 1933, to april 17, 1933
6. DATE OF BIRTH (month, day, end year) april 28, 1876	I last sew h. Lm. elive on apl 17, 19 33; deeth is seid
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted above, at 1.3 8 0 m.
57 6/1 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER.	Chronic My ocardato
SAWYER, BOOKKEEPER, etc.	acute dilatation of heart
9. I dustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	ofte an intravellar
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Ildustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and yeer) occupation	injection of neo-ausphenamine
12. BIRTHPLACE (city or town) 1 Yarfard County (State or country)	Other Contributors Causes of importence:  Jertinosy Suphilis
# 13. NAME Charles Fisher	0
14 BIRTHPLACE (city or town) Maryland	Name of operation
(State of country)	Whet test confirmed diegnosis? Was there an autopsy?_ 200
15. MAIDEN NAME (Wary Ellen Kell  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
(Stete or country) Wary Found	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT JOHN Water'S  (Address) Relay Md.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Jahrnaell Clinic. Octo Upr. 19 , 19 33	Neture of Injury
19. UNOERTAKER Homberger & Bross. (Address) Renam Mod	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO april 17, 19 33 Urginia Chambers.	(Signed) Hurred Foldman M. D.  (Address) Beland, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

lother rail

8.—The trade, profession, or particular kind of work done. 9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows; Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	CIAN

1123	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	04061
/ - =	County Harfood.	Registration Dist. No. 183
should f OCC	Village or City Norrisvelle Ma	L ND. St. Ward
T S 3		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs
D. Every SICIANS tatement	2. FULL NAME With (Sign) Forms	<u></u>
· H =	(a) Residence: No. Norvarilla mit	St Ward.
C > 02	(Usual place of abode)	If nonresident give city or town and State
ECOI PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
H . 语	3. SEXT 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Angle 2 2 dd
ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDIN ERMANI EXACT y classific	HUSBAND of Cor) WIFE of MILLIA CON TO A	22. A HEREBY CERTIFY That I attended descaped from
BINJ ERM EX.	7 2 24840	1900 10 Charles 1900 1900 1900 1900 1900 1900 1900 190
PE PE I E I E I E I E I E I E I E I E I	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at m
FOR B. IS A PE stated E properly certificate	84. 1 25 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
0000	9 Trade profession or particular	A arterior sclerasing Curs &
Hada	Kind of work done, as SPINNER, Lettel Stankinger  SAWYER, BOOKKEEPER, etc.	- Organic lysten factor
A La	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	to frenchos ded to calon
SE NK Sh it	O Date deceased last worked at this occupation (month and spent in this	Logo rules from bleng confre
REG I AGE that	year) occupation occupation	Other Contributory Causes of importance:
	12. BIRTHPLACE (city or town)	29-1-100
RGI FA lied ms,	(State or county) UMMA (State or county) UMMA (State or county)	
	T T T T T T T T T T T T T T T T T T T	Model
	14. BIRTHPLACE (city or town) Slung	What test confirmed diagnosis? Observation Was there an autopsy?
Trestally in pla	15. MAIDEN NAME May Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
carera rr rr portant	15. MAIDEN NAME Som South	Accident, suicide, or homicide? Date of injury, 19
ZAZE	(State or couplry)	Where did injury occur? (Specify city or town, county and State)
Should b	17. INFORMANT Nomes of augus	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
T E USE N	Place James Date Date Jus 5, 193 B	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER 27 12 12 15	24. Was disease or injury in any way related to occupation of deceased?
No.	(Address) Fram Give Ca	If so, specify
» ×	20. FILED yor 5, 1933 Thomas P. Brown	(Signed) Valley France M. D
	Registrar.	(Address) Jawa Prost -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of evilevsu 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Moy 1,1923 Gastroenteritis 1 year

V. S. No. 1 N. B. See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23 04002
County Harfne MARINE CERPOR	Registration Dist. No. 185
Village or City Harrede Grace	No. / Frosectal St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Clice Cordelia Total	amelton,
(a) Residence: Not faired hace P. F.D.	S(allowofo, le
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Termale Or Divorced (write the word)	21. DATE OF DEATH (Ser. 23, 198 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harold B. Hamulton	22. I HEREBY CERTIFY, That I attended deceased from ,19,10
6. OATE OF BIRTH (month, day, and year) Lept. 13, 1895  7. AGE Years Months Days If LESS than I day,	I last saw h last alive on last alive on last saw h last alive on last a
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) occupation.	(Probably Tubercular)
12. BIRTHPLACE (city or town) A. Co. 1110. (State or country)	Other Contributory Causes of importance:
13. NAME WIN Ellott	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME HANG Can Chi	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 11046 Can Clu	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT 13. Harold B. Jamullo.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place December Date Upg. 25, 1950	Nature of injury
19. UNDERTAKER / // A Cluson / Mitchell (Address) / Fe D & Cluson / Mitchell	24. Was disease or injury in any way related to accupation of deceased?
20. FILEO apr. 26 , 1933 Clarles J. Foly, n. D. Registrar.	(Signed) M. D. (Address) M. D.
	2411 N. Charles Street, Balamore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN RECORD. E	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICI	F DEATH in plain terms, so that it may be properly classified. Exact statem	cour immortant Con instantanton on hand of sortificate
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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 04063 1. PLACE OF DEATH Registration Dist. No. 181 County Harford Village or City Aberdeen, Md. R. D. No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs. mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME Baby Boy Harper (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH Apr. 5th/33 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of \_\_\_\_\_\_19\_\_\_\_\_to\_\_\_\_\_\_19\_\_\_\_\_\_19\_\_\_\_ Apr.5th/33 I last saw h\_\_\_\_\_ alive on\_\_\_\_\_ 19\_\_\_\_ death is said 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at \_\_\_\_\_\_m I day, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.---Stillborn OCCUPATION ndustry or business in which work was done, as SILK MILL SAW MILL, BANK, etc .... Date deceased last worked at 11. Total time (years) this occupation (month end spant in this Aberdeen, Md.R.D. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) ... (State or country) John L. Harper FATHER 13. NAME 14. BIRTHPLACE (city or town) Austin, Texas----(State or country) What test confirmed diagnosis? ...... Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) Strasburg Va. Accident, suicide, or homicide? (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Mother Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) Aherdeen, Md. 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Nature of injury 24. Wes disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER None (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	
	1		`

V. S. No. 1 N. B.—

1. PLACE OF DEATH	92.20
County Darford	Registration Dist. No. 181
Village or City Chardeen	No. St., Ward
Length of residence in city or town where death occurred 25 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Sarah Johnson	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Window	21. DATE OF DEATH  Z 6  (Month) (Day) (Year)
5a. If married, widowed, or divorced  WEBAND of  (or) WIFE of  William Johnson	22. HA I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 31 - 1867	I last saw har alive on A 2 to 1933; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 71.00 m.
65 3 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Armsimile SAWYER, BOOKKEEPER, etc.	Essent of Operation Oate of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	I had and
SAW MILL, BANK, etc. 11. Total time (years)	Essential hypertareaux
11. Total time (years) this occupation (month and 1923 year) occupation	mutral insofrance
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Without I live tone
13. NAME William Grayton  14. BIRTHPLACE (city or town)  (State or country)	Name of operation. Date of
State or country) Virginia  15. MAIOEN NAME Betsy Brods	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. NFORMANT Ms. Lang Juffen (Address)	Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Union 711- & Emoly Oate Cyril 29, 19 & 3	Nature of injury
19. UNDERTAKER Servy Tarring Sons	24. Was diseaso or Injury in any way related to occupation of deceased? 1
all 26 32 Of Whichen	(Signed) M. [
20. FILEO PACE Registrar.	(Address) Prenden 4A

STATE OF MARYLAND-CERTIFICATE OF DEATH

61601

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Participation of the second o			
Other contributory causes of importance:		Other contributory causes of importance:	16 TE
Gallstones	May 1,1923	Gastroenteritis	1 year
			11

	N. BWRITE PLAINLY, TH UNFADING INK-THIS IS A PERMANI RECORD. Every item of infor-	mation should be arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
MARGIN RESERVED FOR BINDING	A PERMANI	ed EXACTL	erly classified.	ficate.
ZED FO	THIS IS	d be state	y be prop	k of certif
RESERV	ING INK-	AGE shoul	o that it ma	tions on bac
MARGIN	III UNFAD	y supplied.	lain terms, s	See instruc
	WRITE PLAIMLY, IT	mation should be carefull	CAUSE OF DEATH in pl	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B			

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Harfords	Registration Dist. No. 25
Village or City / Werdeen	NoSt.,Ward
Length of residence in city or town where death occurred 22 yes — mo	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?mosds.
De 10.	
2. FULL NAME Stilliam Johnson	
(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("qrite the word)	21. DATE OF DEATH April 1933 (Year)
5a. If marriad, widowed, or divorgad HUSBAND of (or) WIFE-of	22. I HEREBY CERTIFY. That I attended deceased from Manua Tr. 1933, to Think 7 1933.
1m. 11500	I last saw him alive on Africa 17 , 1933; death is said
6. DATE OF BIRTH (month, day, and year) / / / / / / / / / / / / / / / / / / /	to have occurred on the date stated above, at 4/30 P-m.
7/ / lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:  Date of onset
kind of work done, as SPINNER Lay Laborer SAWYER, BOOKKEEPER, etc. Lay Laborer	March
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the second in this occupation) and the second in this occupation (month and the second in this occupation).	27433
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and Dec. 1929 year) The second of the se	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (Stata or country)  (Stata or country)	
The state of the s	
E :24 0	Name of operation Date of
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Structal Was there an autopsy? No
	23. If death was dua to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Unhaven  16. BIRTHPLACE (city or town) Unhaven  (State or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Mish. Sarah Johnson (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hour M. E Curely Date Cipril 10, 19.72	
19. UNDERTAKER Sensy Tarring Sond (Address) alerden und	24. Was disease or injury In any way related to occupation of deceased?
10010 to Ol mulen	(Signed) [ 1 P ] Promfra M.D.
20. FILED (1970) 19 Registrar.	(Address) Alenden Ma
	N. O. I. C D. I. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis V.S.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1931	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			10.	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state item of inforof OCCUPA-PHYSICIANS RECORD. Every Exact statement stated EXACTLY. properly classified. FOR BINDING TH UNFADING INK-THIS IS A PERMANE certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. rery important. -WRITE PLAINLY, TION is N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	U405)
County Hurford	Registration Dist. No. 185
Village or City of are de Trace	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME alle Joues	/
(a) Residence: No. Working — (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Teres de la Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Soul 7/2, 1983 (Month) (Day) (Year)
5a. If married, widowed, or divorced  HUSBAND of  (or) WIFE of austur Jones.	22. HEREBY CERTIFY, That I attended deceased from 1933 for March 1933
6. DATE OF BIRTH (month, day, and year) Murel 15-1866	I last saw h lev alive on Murch 20 = 19.33; death is said
7. AGE Years Months Days If LESS than	fo have occurred on the dafe stated above, at 7 2 m.
67- / S- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BDDKKEEPER, etc.	and twas blind, fravalyzed is helpless. Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and the part of the second and the second	of Legs Orm
- Spailt ii tiil	grantomed to amorning a pipe a Stalet the
12. BIRTHPLACE (cify or town) Have de Grace.	Other Contributory Causes of importance tipe, allowing the match to fall is her laft which set has alot
(State or country) wary land.	andly air ing on fines 1931
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country) purify acceptance.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susau Jelinsty  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT Files Jours June 2014	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) / Pour do Suare, Mid,  18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Belsaw
Place St. Janua Pen Daje Upr. 23, 1933.	Nature of Injury "
19. UNDERTAKER Lewington tow. (Addiess) Place and Grace Mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED apr. 23, 1933 Charles J Faley And	(Signed) Ames 26 /3 og M. D. (Address) 2000 Pg George M. D.
If more black we made the Co. D.	(Mediess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.-The number of years the deceased followed the occupation.

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Example I		Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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ipal cause of death and related causes nance were as follows:  pilepsy 1 week ago y street car 1 week ago
y street car 1 week ago
0 3
3 days ago
tributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Patient was found dead at 7 q. m. 4-30-33 by me , apparently Dead from Alopholism, us other signs. J. N. heaper Justicity Peace was notified. Death had endurely taken place at 4 9 m. 4-30-33

TION is very important. See instructions on back of certificate.

of OCCUPA.

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STATE OF MARYLAN	ID—CERTIFICATE OF DEATH 04068
1. PLACE OF DEATH	(a)
County Aarlord	Registration Dist. No. 184
Village or City MC Caus Corner	No. St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.	St Ward.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ON DIVORCED (write the	word) Upul 8 ,1933
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That attended deceased from
6. DATE OF BIRTH (month, day, and year) april 8, 193	3
7. AGE Years Months Days If LESS 1 day, or	min. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stillborn as a result
SAWYER, BOOKKEEPER, etc  SAWYER, BOOKKEEPER, etc  SAWYER, BOOKKEEPER, etc  SAW MILL, BANK, etc  10. Dete deceased last worked et this occuration (much and the control of the	of introutine cleath at
10. Dete deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME Waller Jee	
13. NAME Walls See  14. BIRTHPLACE (city or town) Ma.  (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Price memillar	What test confirmed diagnosis?
15. MAIDEN NAME CLUB McMillau  16. BIRTHPLACE (city or town) Ua.  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Walter Lee (Address) Rarlingalin Ond.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL	19.33 Manner of Injury
19. UNDERTAKER A. O. Bailey (Address) Darlington my	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED gril 9 , 1933 M. W. Hirk	(Signed) Willard J. Gullagu M. D.
76 mans black	

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Example I	il il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7.8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
4.1			L. Un Elli

V. S. No. 1

	STATE OF MARYLAND-	CERTIFICATE OF DEATH 04069	9
1	. PLACE OF DEATH	97)	
	Count Harford	Registration Dist. No. /85	
	Village or City lefar Thavrede Grace	No. 7 = P . # / St., W	lard
	(a 9 (H	death occurred in a hospital or institution, give its NAME instead of street and number)	usc
	Length of residance In city or town whare daath occurredyrs,mos.	. // ds. How long In U. S, if of foreIgn birth?	ds
2	FULL NAME / Harran Hughes	Moullon	
	(a) Residence: No. Javre de Drace TP. F- 0-#	St, Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3.	SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Opin 5	
1	male there to flared	(Month) (Day) (Year)	)
5a.	If marriad, widowed, or diverged HUSBAND of Whiles C Morellon	22. A HER-BRY CERTIFY. That I attanded daceasad i	fron
	(or) WIFE of	Por 4 1933 to Per 5 = 193	-00
6	DATE OF BIRTH (month, day, and year) kne 24, 1872	1 last saw her alive on Olar 5th 1983: daath is	
	AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 12 - Am.	
	60 9 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
	8. Trade, profession, or particular	wera as follows:	nset
0	kind of work done, as SPINNER House Dulies SAWYER, BODKKEEPER, etc.	loute Cardias	
OCCUPATION	9. Industry or business in which	Dilitation	
D D	work was done, as SILK MILL, SAW MILL, BANK, etc		to to go o
00	10. Date deceased last worked at this occupation (month and This 133 spent in this 40 yrs year)		
	DIPTIDI ACE (situations) Harton & Co	Other Coutributory Causes of importance:	
12,	(State or country)	Within Selevous	
ER	13. NAME Im brose Cooley		
FATHER	14. BIRTHPLACE (city or town) I tarfood 6	Name of operation Date of	
F	(Stata or country)	What test confirmed diagnosis? Was there an autopsy?	
HER	15. MAIDEN NAME Carrie Adams Hughes	23. If daath was due to extarnal causes (VIDL ENCE) fill in also the following:	
MOTH	16. BIRTHPLACE (city or town) Starforda	Accident, suicida, or homicide? Date of injury19	
X	(State or country)	Where did injury occur?	
17	INFORMANT Mr. James C. Moullow	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.	
17.	(Address) Hairede Bruce 17.7. 0. # 1 Md.		
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Visligan Chaper Data Ups. D, 1923	Natura of injury	
10	HADEDTAKED A. Madigora Whitch 18	24. Was disease or Injury in any way related to occupation of deceased?	
19.	(Addrass) Havre de Brace Prod.	If so, specify	
	surriches 8 ,33 Charles Dela Q D.	(Signed) James 16 / Day	M. I
20.	FILED Ups. 8 , 1933 Charles Josley & 2.	(Address Home Dr George to	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address)

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attock of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH VAULU
1. PLACE OF PEATH	9200
CountyStarford	Registration Dist. No. 124
Village or City O Castleton	No. St., Ward
2.7	f death occurred in a hospital or institution, give its NAME instead of street and number)  s
of m b. O.	A) a
2. FULL NAME form M. Presue	W
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perite the word)  Male  Married	21. DATE OF DEATH
5a. If married, widowod, or diversed HUSBAND of	22. A I HEREBY CERTIFY. That I attended deceased from
asy Presherry	Jan 1932 to april 2 1934
6. DATE OF BIRTH (month, day, and yeer) Jan 29, 1881	I last sawh in alive on Merch 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10-Ga.m.
52 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER,	Ly A 17
SAWYER, BOOKKEEPER, etc.	Milral Regureplation
Thdustry or business in which work was done, es SILK MILL,	J
10. Date deceased lest worked et 11. Total time (years)	
this occupation (month and year) spent in this 30	
12. BIRTHPLACE (Second town) Castleton	Other Contributory Causes of importance:
(State or country) Harford Co., Mg.	
13. NAME Henry Drisherry	
13. NAME Henry Prishury  14. BIRTHPLACE (Cortown) Castlyton	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Kaissian Prigg	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Paragram Prigg  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Daisy Pristurn (Address) Darlington Md,	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury 🖟
Place 19 Date 19 11 19 19	Nature of injury
19. UNDERTAKER St. S. Bailey Mg. (Address) Darlington Mg.	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED April 21933 MW Riske Registrar.	(Signed) The state M. O. (Address) Landers Line of the M. O.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. Nof 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "Paborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial naphritis	1919	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis Peritonitis	3 days ago
- 30			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH U4U71				
1. PLACE OF DEATH	82-a				
County Harford	Registration Dist. No. /8/				
Village or City Daberd EEC	No. St., Ward				
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?				
2. FULL NAME Martha tonia : Ola Paranel					
(a) Residence: No. Aberdeen St. Ward.					
(Usual place of abode)	If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  April 13, 193 3, (Month) (Day) (Yeer)				
5e. If merried, widowed, or divorced HUSBAND-of (or) WIFE of Hetalian Raymond	22.   HEREBY CERTIFY, That I attended decessed from				
6. DATE OF BIRTH (month, dey, and yeer) Therein 27-1846	Plast saw h. It alive on Abrild 1 39 3 Reath is seld				
7. AGE 87 Years Months /7 Deys If LESS then 1 day, hrs.	to have occurred on the dete steted above, et 1: 05 72.m.  The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:				
8 Trade profession or particular	Date of onset				
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et his occupation (month and	Junial asterio -				
10. Date deceased last worked et this occupation (month and yeer)	i				
P	Other Contributory Causes of Importance:				
12. BIRTHPLACE (city or town)	Ne restoral bessione				
13. NAME Pasa Metabell					
13. NAME are Mtefell  14. BIRTHPLACE (city or town) about the (Stete or country)	Name of operation				
15. MAIDEN NAME Comment of Mitale	What test confirmed diagnosis?				
15. MAIDEN NAME Quanta Mitefull  16. BIRTHPLACE (city or town)  (Stete or country)	23. If deeth was due to externel ceuses (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?				
17. INFORMANT Mrs. a. M. Mintehell (Address) above and	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL Place Systematic Semety Dete Waril 15,19.32	Menner of injury				
19. UNDERTAKER Serry Jarring Stores (Address) Jahrashan mit	24. Wes disease or Injury In any way related to occupation of deceased? The				
20. FILED Afril 14, 1933 O'EMichael Registrar.	(Signed) All Millian M. D. (Address) And Millian M. D.				

1. A. C. M. A

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail inerchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
LAU Y. R				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUR	HER STATEMENTS	BY	PHYSICIAN
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County Mutual County Manager City (County Manager City County Manager City City County City County City County Manager City County City	STATE OF MARYLAND—	CERTIFICATE OF DEATH 04072
Village or City  Langth of residence in citysoftom where death occurred. I yr	1. PLACE OF PEATH	(23)
Village or City  Langth of residence in citysoftom where death occurred. I yr	county Halford ,	Registration Dist. No. 180
Length of residence in clapsoflown where death occurred 17 yr	Village or City above don	NDSt.,Ward
2. FULL NAME  (a) Residence: No	(1)	
(3) Residence: No	Nous 101 Wall	a.
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE ORADIOGRED (Comite by word) ORADIOGRED (C	2. FULL NAME MULLY CO TO PARE	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR, OR RACE  5. SINCLE, MARRIED, WIDOW  ORDINORED Organic this word)  Sa. It married, widowey, or divorced  (Lybrith)  133 3  (Cyear)  15. Latter of Birth (month, day, and year)  16. Date of Birth (month, day, and year)  17. ACE  18. Trade, protession, or particular  18. Sarvier, Bookreeper, etc.  19. Latter of	(a) Residence: No. (Usual place of abode)	
Multi with the Organic of Control		
53. It married, widows, or divorced (cr) Wife of HULL Mardells  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done as SPINNER, for min.  8. Trade, profession, or particular kind of work done as SPINNER, for min.  9. S. Trade, profession, or particular kind of work done as SPINNER, for min.  10. Date deceased jast weighed at this occupiation (minitud)  10. Date deceased jast weighed at this occupiation (minitud)  11. SAW MILL, BAIK, etc.  11. SIRTHPLACE (city or town)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. AUC of the Country of the minitude of the country of the coun	OR DIVORCED (write the word)	21. DATE OF DEATH Of 193 3
HUSBAND of (cr) WIFE of WALL MANAGED  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  1 day  1 day  1 day  1 last saw how, alive on application to have occurred on the date stated above, at 10!400 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were of sfollows:  The PRINCIPAL CAUSE OF DEATH and related causes		(Month) (Day) (Year)
To AGE  To Years  Months  To years  The PRINCIPAL CAUSE OF DEATH and related causes of importance  The PRINCIPAL CAUSE OF DEATH and related causes of import	HUSBAND of (/	1 - 1 22 PM 20 23
7. AGE  Years  Months  74  1 day, hrs. or min.  8. Trade, profession, or particular line years of my land of work done, es SPINNER, for were es follows:  8. Trade, profession, or particular line years of my land of work done, es SPINNER, for were es follows:  10. BIRTHPLACE (city or town)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL (REMATION, OR REMOVAL Place  Place  ATT (Address)  19. UNDERTAKER  A Gaddress)  20. FILED M. Alfyl.  19. 33. Abudan Mark  (Signed)  M. D.  (Signed)  M. D.  (Address)  Lapta Country  M. D.  M. D.  (Signed)  M. D.  (Address)  M. D.	5 DATE OF DIDTH (month day and year) Fy & 15-1859	Hast saw have alive on apr 23/ 1993; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, Corvelus kind of work was done, as SPINNER, Corvelus kind of work was done, as SPINNER, Corvelus kind of the Corvel		to have occurred on the date stated above, at 10:40Pm.
8. Trade, profession or particular  8. Trade, profession or particular  10. Date does as SINNER, Flexulus  10. Date deceased/ask worked at his occupation (more tand)  11. Total time (years)		was as fallows:
Other Coatributory Causes of importance:  12. BIRTHPLACE (city or town)	9 Trade profession or particular	Date of onset
Other Coatributory Causes of importance:  12. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc.	
Other Coatributory Causes of importance:  12. BIRTHPLACE (city or town)	9 Industry or business in which work was done, as SILK MILL,	lungrary
Other Costributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME CALFELT ROPAGE  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. WNDERTAKER (Address)  19. WNDERTAKER (Address)  10. FILED May 1. 1933 Analysis of sequence (Signed)  10. Other Costributory Causes of importance:  Other Costributory Causes  Name of operation.  Other Costributory  Nate of Injury  Nature of I	10. Date deceased last worked at this occupying non-publicand spent in this	Lukuculous
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. State or country  11. INFORMANT (Address)  12. UNDERTAKER (Address)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  18. UNDERTAKER (Address)  19. UNDERTAKER (Address)	yeer) yeer) occupation occupation	Other Contributory Causes of importance:
13. NAME With the following:  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Arm golon Carling Date may 2 , 19 37.  19. UNDERTAKER Arm golon Carling Date may 2 , 19 37.  19. UNDERTAKE		
15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. State or country)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER   18. BURIAL CREMATION, OR REMOVAL   19. UNDERTAKER   19. Under the country	1 111 1 60 1 1 1	
15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. State or country)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER   18. BURIAL CREMATION, OR REMOVAL   19. UNDERTAKER   18. BURIAL CREMATION, OR REMOVAL   19. UNDERTAKER   18. Unclosed   19. Unclose	H IS. NAME CONTROL OF THE STATE	
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Place  19. WNDERTAKER (Address)  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Where did injury occur?  Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Menner of injury  Nature of Injury  19. WNDERTAKER  Address)  19. WNDERTAKER (Address)	14. BIRTHPLACE (city or town)	
17. INFORMANT MUST Please About 18. BURIAL, CREMATION, OR REMOVAL Place About 2 Date May 2 193?  19. UNDERTAKER About 19. May 1 19. 3.3 Freed About 19. May 1 19. May		
17. INFORMANT MUST Please About 18. BURIAL, CREMATION, OR REMOVAL Place About 2 Date May 2 193?  19. UNDERTAKER About 19. May 1 19. 3.3 Freed About 19. May 1 19. May	H T	
Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Along and Contact Date may 2 193?  19. UNDERTAKER As gain and Menner of Injury  Nature of Injury  24. Wes disease or injury in eny way related to occupation of deceased?  16 so, specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Menner of Injury  Nature of Injury  19. UNDERTAKER As gain and State 1932.  (Address)  19. UNDERTAKER As gain and State 1932.  (Address)  (Address)  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Signed)  (Signed)  (Signed)  (Address)	(State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place About golon declary Date may 2 , 1937.  19. UNDERTAKER As as K Male 2 24. Wes disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As as K Male 2 24. Wes disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As as K Male 2 24. Wes disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As as K Male 2 24. Wes disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?  19. UNDERTAKER As a 2 25. West disease or injury in eny way related to occupation of deceased?	The same of the sa	(Specify city or town, county and State)
Place Abring den dender Date May 2 , 193? Nature of Injury  19. UNDERTAKER A sell K Mcloma 24. Wes disease or injury if eny way related to occupation of deceased?  19. UNDERTAKER A sell of the sell		Mannar of injury
19. UNDERTAKER A SI K Mclo-a  24. Wes disease or injury if eny way related to occupation of deceased?  15 so, specify  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)	111 . 1 . 1 . 1	
20. FILED May 1 , 1933 Fred Mostor (Signed) Wary will de wood "Wg".	19. UNDERTAKER I James K Maloma	24. Wes disease or injury in eny way related to occupation of deceased?
Cocal Registrat. (Address) My M	7. J. J. 11 A. L.	(Signed) Wayywww The Experience M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	local Registrar.	

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Example I	1	Example II	10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis EIV	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AND SEE YAM			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		9	
		*	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	82a (40.3
County Harford WISMIN CORP.	Registration Dist. No. 185
Village or City Halere de Brace	e No. Traspital St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  2ds. How long in U.S. if of foreign birth?dsdsds.
2. FULL NAME Paul Clarke Sha	ffer
(a) Residence: No. 1 Logan Circle (Usual place of abode)	MSt., Ward. Washington D. C.  If nonresident rife city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Thate	21. DATE OF DEATH 16 16 193 3 (Year)
5a. If married, widowed, or divorced Frances HUSBAND of (a) WHEE of Mus. Floresees. Shallen	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) NOV 28 - 1867	1933, to 9 76, 1933
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 11 30 G m.
65 4 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Garabral Hemorhoss 415
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	<i>y C T S</i>
Date deceased last worked at this occupation (month and year) pearly occupation	
41	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	Colheres Salamia
I I3. NAME ( Nestinus Shaller	C 701 - 702 GCC 70 C S
13. NAME () Mesure Shaffer  14. BIRTHPLACE (city or town)	Name of operation.
(State of country)	What test confirmed diegnosis? Quical Was there an autopsy? Ag
15. MAIDEN NAME Subra Logan	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Polyful	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT/ Washington : Days	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL Place Journ gatour Chipdate and 18-1933.	Menner of injury
A A A	Nature of Injury 24. Was disease or Injury in any wey related to occupetion of deceased?
(Address) Have of Grace, rule	If so, specify
20. FILED apr. 17, 1933 Charles Joley The D	(Signed) To Meine
If more blanks are needed, address State Registrar.	(Address) A. A. J. Conf.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

								ATEMENTS BY				
Letter	filed	June	8,	1933	under	Dr.	Steiner	authorizing	change	of	wife's	name.

should state item of inforof OCCUPA. PHYSICIANS RECORD. Every Exact statement properly classified. PERMANE stated EXACT TION is very important. See instructions on back of certificate. SI UNFADING INK-THIS MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be WRITE PLAINLY

BINDING

FOR

V. S. No. 1 m ż

STATE OF WARTLAND	CERTIFICATE OF DEATH 040.4
1. PLACE OF DEATH	nbo
County DY WYORD	Registration Dist. No. 185
Village or City Havre Du Grace	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S.If of foreign birth? yrs mos ds.
2. FULL NAME Stangan & Spene	
(a) Residence: No. 100 Wood Sung Con (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Finds	21. DATE OF DEATH April 23 1923 (Year)
50. 16 massied, widowed, or diversed to Shencer  (or) WIFE of Jaseph E. Shencer	22. Murch 4 - 1933 to But 23 = 1933
6. DATE OF BIRTH (month, day, end year) Sept. 6, 1863	I last saw har alive on asid 73 , 1933; death is said
7. AGE Years Months Deys If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 10 pm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were applications:
8. Trade, profession, or particular kind of work done, as SPINNER. Have SAWYER, BOOKKEPER, etc.	Several Dabelite
Kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL.  SAW MILL, BANK, etc.  10. Date deceased last worked at Morry this occupetion (month and see the spent in this spent in the spent in this spent in the spent in	Granting of Hollo on to
10 Pate deceased last worked at Morel 11. Total time (years) this occupation (month and 1/1933 spent in this occupation occupation	foce wigh suga
4-1-1	Other Contributory Causes of importance:
(State or country) Taylord Co, Mid	Corter I familia
13. NAME Havish Courting  14. BIRTHPLACE (city or town) Harford Ch.,	
14. BIRTHPLACE (city or town) Marford Co., (State or country)	Name of operation Dete of  What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Marn Stohking	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Man Stoplain  16. BIRTHPLACE (city or town) Harford Co.	Accident, suicide, or homicide? Casiding Date of injury Mont 4 1933
(Stete or country)  May Brania & Markin	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Stave Du Grace Md	Home Williams
18. BURIAL, CREMATION, OR REMOVAL Place Bock Aun am Date Ofril 26, 1933	Manner of Injury Fell dawn sleps  Nature of Injury Practure hip.
19. UNDERTAKER St. S. Bailey (Address) Darling ton Mad:	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED apr. 24, 1933 Chas. J. Foley D. D. Registrar.	(Signed) Anne 26 Jay M. D. (Address) Home Dr Groce and
	24.11 N. Charles Street, Baltimore. Requesting U. S. No. 1.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	I week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14(1))
1. PLACE OF DEATH	109.00
County Harford	Registration Dist. No. 78
Village or City ISAL Cerr	No. St., Ward
Length of residence in city or town where daath occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Hallie Elizabeth	Taylor
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Single.	21. DATE OF DEATH  (Year)  (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended deceased from
here to the	1935 to 9714 8 , 1933
6. DATE OF BIRTH (month, day, and year) JUNE 22 - 1936 7. AGE Years Months Days If LESS than	I latt law hore alive on the date stated abova, at 1/20 9 -m.
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at 4.1.2.9.4.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
2   X (a)   O ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	Broncho Anumoria 300 ago
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decaased last worked at this occupation (month and	
10. Date decaased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Have de Grad (State or country)	Dther Contributory Causes of importance:
13. NAME Friedlie Friedly 14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Elizabeth Faglor  16. BIRTHPLACE (city or town) Bell and generally (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
(Stata or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MOS. Hallie Babinson	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bel Gon Mad	
Place Gendon Will Darligaris 10, 1933	Manner of injury  Nature of injury
19. UNDERTAKER Stenry January Hors	24. Was disease or injury in any way related to occupation of deceased?
20. FILED UM 9 1988 1E Cichardson	(Signed) Willard P. Kudson M. D.
Registrar.	(Address) Jour Hull md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	6 6
1. PLACE OF DEATH	93-3	0.6
County Harford	Registration Dist. No. 185	2
Village or City Gloftons Shop	No	Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	
2. FULL NAME MORY C. Thomas		
(a) Residence: No. Drollou's Shap	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	1 State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  White Undow	21. DATE OF DEATH 5 (Month) (Oay)	, 193 <b>3</b> (Year)
5a. If married, widowed, or divorced HUSBANO of Cor) WIFE of Dallow Thomas	22. I HEREBY CERTIFY. That I attended Teb 1 1933 to Opril 5	deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on Oppil 6 1933	.; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
89 5 29 1day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Houselwas & SAWYER, BOOKKEEPER, etc.	N Daylor and Mal	
9. Industry or business in which	Ni Dean	6 mo
Work was done, as SILK MILL, SAW MILL, BANK, etc	() position	0
O 10. Date deceased last worked at this occupation (month and 1930   11. Total time (years) this occupation (month and 1930   12. Total time (years) occupation occupation		
12. BIRTHPLACE (city or town) J-lay d Co., (State or country)	Other Contributory Causes of Importance	
1	gransnows	Saby
H CCC	Name of operation Date of	1.030
14. BIRTHPLACE (city or town) Stored Co. (19	What test confirmed diagnosis? Low Was there an	autopsy? Des
15. MAIOEN NAME Un brown	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury  Where did injury occur?	
17. INFORMANT John Thomas, (Address) Horas Hell	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Thomas Rum Date Cyp. 7, 1933	Manner of injury	
19. UNDERTAKER N. S. Bailey (Address) Barlington	24. Was disease or injury in any way related to occupation of deceased?	w
20. FILEO aftr. 6, 1933 V. E. Chambers. Registrat.	(Signed) Willard J. Author (Address) Jolest All ma	,
If more blanks are moded address State Parish	And N. Charles Comp. Bullion. B. 1971 C. N.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH  County  County of Death  County  County of Death  County	STATE OF MARYLAND—	CERTIFICATE OF DEATH U4U.
Village or City.  Authoryto.  Langth of residence in city or town where death occurred.  A. How long in U.S. It of foreign birth?  Yes.  A. How long in U.S. It of foreign birth?  Yes.  Mard.  It nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  YER A. COLOR OR RACE  ON DUBICED (even ign word)  A. How long in U.S. It of foreign birth?  Yes.  Yes.  Yes.  A COLOR OR RACE  ON DUBICED (even ign word)  A DATE OF BERTH (month), day, and yeer)  A DATE OF	1. PLACE OF DEATH	48
Village or City	County Harford	Registration Dist. No. 184
Langth of residence in city or town where death occurred . D. ys	Village or City Darlington	
2. FULL NAME  (a) Residence: No.  (Usua) Place of abode)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  (COLOR OR RACE  OR DYOKCES (write by word)  So. Himster in addressed are discrete and of the color of the col	21 A (N	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Unsalplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE  5. SHIKLE MARRIED, WIDOWED,  OR DAYORCE Cover by word)  50. Himselfor independent divorced contribution of contribut	nn on	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 9. S. SINCIE, MARRIED, WIDOVED OR, DIVORCED (varie the word) Se. H. Married, and describe and divorced (or) will is 6. DATE OF DEATH (North), day, and yeer) Aut.  6. DATE OF BIRTH (month, day, and yeer) Aut.  7. AGE Vers Months Ouys 11 ILES than 1 day, hrs, or min.  8. Index profession, or perticular 8. Radiover, and one of particular 8. Radiover, and one of particular 8. Radiover, and one of particular 8. Radiover, and several and	2. FULL NAME // Wary Cellen / ron	dru
PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, MIDONED  50. DIVORCED (write the word)  50. Himsterde wideweard divorced  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. Years  8. Trede, profession, or perticular  1. Mind of work done, as SPINNER  1. Mind o		
1. SIX 4. COLOR OR RACE ON DIVORCED Comment he word)  So. HITEREDY CERT I FY. Thet I attended deceased from the comment of the word)  So. DATE OF BIRTH (month, day, and yeer)  So. DATE OF BIRTH (month)  So.		
So. H. marginet, and degreed are divorced    Comparison of		
EDATE OF BIRTH (month, day, and year)  F. DATE OF BIRTH (month, day, and year)  F. DATE OF BIRTH (month, day, and year)  F. DATE OF BIRTH (month, day, and year)  F. AGE  Years  Months  Ouys  If LESS then Iday. Introduce and the date stated educe, at Interpretation of perticular and the date stated educe, at Interpretation and the date stated educe, at	OR DIVORCED (write the word)	Whiel 74 , 1933
6. DATE OF BIRTH (month, day, and yeer) Duc. 17, 867  7. AGE  Years  Months  Oeys  If ILES then Iday. Ins. Of the Centributary Causes of Importence were as follows.  Note of the Centributary Causes of Importence were as follows.  Other Centributary Causes of Importence:  Distributary Causes of Importence were as follows.  Other Centributary Causes of Importence:  Distributary Causes of Importence were as follows.  Other Centributary Causes of Importence:  Distributary Causes of Importence:  Other Centributary Causes of Importence:  Distributary Causes of Importence:  Other Centributary Causes of Importence:  Distributary Causes of Importence of Importence in Information Causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Distributary Causes of Importence in Information Causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Distributary Causes of Importence in Information Causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Distributary Causes of Importence in Information Causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Distributary Causes of Importence:  Distributary Causes of Importence:  Distributary Causes of Importence in	Se. H married, widewed, or divorced	(1001)
6. DATE OF BIRTH (month, day, and yeer) Auc., 27, 867 7. AGE Years Months Deys If LESS then 1 day,		2 . 0
T. AGE  Vears  Months  1 day. Its.  The PRINCIPLA CAUSE OF DEATH and related causes of importance were as follows:  Obte of enast  Note of the profession, or perticular were as follows:  New York of the profession, or perticular were as follows:  Obte of enast  New York of the profession, or perticular were as follows:  Obte of enast	DATE OF BURE ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	0/11 0/11 21
8. Trede, profession, or perticular Niky of work done, as SPINNER, Murchant Or. min.  8. Trede, profession, or perticular Niky of work done, as SPINNER, Murchant Or. min.  9. Industry of bushess in which of the association of the organization of		
8. Trede, profession, or perticular Mind of work done as SPINNR. Murchant 9. Industry or business in which work was done, est SILK MILL. 10. Date deceased last worked at 1 224 11. Total time (veare) spent in this year) 11. BIRTHPLACE (city or town). (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOYAL PRICE OF THE ORDER OF THE	6 2 1 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence
Skind of work done, as SPINNER.  SAWYER, BOKKEPER, etc.  work was done, es SILK MILL, 19 reported work was done, es SILK MILL, 10 reported work was done to country).  12. BIRTHPLACE (city or town).  (State or country).  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT Land and the following:  Accident, suicide, or homicide?.  Date of injury.  19. Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOYAL  Piece of 10 grant work and the state of injury.  19. UNDERTAKER  11. BRAILLY AND	2 Trade profession or particular	were as follows:
12. BIRTHPLACE (city or town). Catale or country)  13. NAME  14. BIRTHPLACE (city or town). (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town). (State or country)  17. INFORMANT A COUNTRY AS A COUNTRY BOOK AND A COUNTRY BOOK	kind of work done, as SPINNER, Merchant	Commence of Military
12. BIRTHPLACE (city or town). Catale or country)  13. NAME  14. BIRTHPLACE (city or town). (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town). (State or country)  17. INFORMANT A COUNTRY AS A COUNTRY BOOK AND A COUNTRY BOOK	9. Industry or business in which	The state of the s
12. BIRTHPLACE (city or town). Catale or country)  13. NAME  14. BIRTHPLACE (city or town). (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town). (State or country)  17. INFORMANT A COUNTRY AS A COUNTRY BOOK AND A COUNTRY BOOK	SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town), State or country) Andreway Cases of importance:    13. NAME	- I this occaperion (month and I (1))	
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOYAL Piece St. Dankson Date Of July 26. 1933.  19. UNDERTAKER  19. UNDERTAKER  19. Dankson Date Of July 26. 1933.  19. UNDERTAKER  19. Dankson Date Of July 26. 1933.  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. OF FILEO.  19. UNDERTAKER  19. OF FILEO.  19. OF FI	year) occupation	Other Contributary Causes of importance:
13. NAME   14. BIRTHPLACE (city or town)		V
What test confirmed diagnosis? Was there en eutopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Agrothmy Allor (Address)  18. BURIAL, CREMATION, OR REMOYAL Plece of 1 9 grations and Date of 10 grations and D		
What test confirmed diagnosis? Was there en eutopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Agrothmy Allor (Address)  18. BURIAL, CREMATION, OR REMOYAL Plece of 1 9 grations and Date of 10 grations and D	13. NAME John Murphy	
What test confirmed diagnosis? Was there en eutopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT A crothy Allor (Address)  18. BURIAL, CREMATION, OR REMOYAL Plece of 1 Q matrices and Date of 1,1933  19. UNDERTAKER (Address)  19. UNDERTAKER  19. Constraint  19. UNDERTAKER  19. Constraint  19. UNDERTAKER  19. Constraint  19. UNDERTAKER  19. Constraint  19. Con	14. BIRTHPLACE (city or town)	Neme of operation Date of
Where did injury occur?  17. INFORMANT A grating of Paul apartment Baltimor  18. BURIAL, CREMATION, OR REMOVAL Place of 1 9 mathematical Date of 126, 1933  19. UNDERTAKER of 1 8 ally (Address) Barlington of Carlington of decessed?  20. FILEO apart 25 m Manner of injury Registrar.  Where did injury occur?  (Specify city or town, county and State) Specify whether Injury occur?  (Specify city or town, county and State) Specify whether Injury occur?  (Address) And INOUSTRY, In HOME, or in PUBLIC PLACE.  **  **  **  **  **  **  **  **  **	(State of Country)	What test confirmed diagnosis? Was there en eutopsy?
Where did injury occur?  17. INFORMANT A grating of Paul apartment Baltimor  18. BURIAL, CREMATION, OR REMOVAL Place of 1 9 mathematical Date of 126, 1933  19. UNDERTAKER of 1 8 ally (Address) Barlington of Carlington of decessed?  20. FILEO apart 25 m Manner of injury Registrar.  Where did injury occur?  (Specify city or town, county and State) Specify whether Injury occur?  (Specify city or town, county and State) Specify whether Injury occur?  (Address) And INOUSTRY, In HOME, or in PUBLIC PLACE.  **  **  **  **  **  **  **  **  **	I 15. MAIOEN NAME ///Wy Crow	
Where did injury occur?  17. INFORMANT A grating of Paul apartment Baltimor  18. BURIAL, CREMATION, OR REMOVAL Place of 1 9 mathematical Date of 126, 1933  19. UNDERTAKER of 1 8 ally (Address) Barlington of Carlington of decessed?  20. FILEO apart 25 m Manner of injury Registrar.  Where did injury occur?  (Specify city or town, county and State) Specify whether Injury occur?  (Specify city or town, county and State) Specify whether Injury occur?  (Address) And INOUSTRY, In HOME, or in PUBLIC PLACE.  **  **  **  **  **  **  **  **  **	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT AS COUNTY ACCESS  18. BURIAL, CREMATION, OR REMOYAL  Plece of 1 of matheway Can Date of Manner of injury  19. UNDERTAKER  (Address)  20. FILEO  Chall 2 3 MW 76 MA  Registrar.  Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Address)  M. D.  Registrar.	(State or country) X See and	
18. BURIAL, CREMATION, OR REMOVAL  Place St. Ognations Cin Date of vil 26, 1933  19. UNDERTAKER St. Bailey  (Address)  24. Wes disease or injury in englway related to occupetion of decessed?  16 so, specify  (Signed)  Registrar.  (Address)  Manner of injury  Nature of injury  (Signed)  (Signed)  (Address)  Manner of injury  Nature of injury  (Address)  Manner of injury  (Address)	77-1-1	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Plece St. Q mathews in Date Q 126, 1933  19. UNDERTAKER St. Baily (Address) Darlington md,  24. Wes disease or injury in englway related to occupetion of decessed? Ms  If so, specify f. Sund Gigned)  20. FILEO Chall 279 23 MW 76 44  Registrar.  (Address)  Manner of Injury  Nature of Injury  (Signed) A Control of decessed? Ms  (Signed) A Control of decessed? Ms  (Address)		
19. UNDERTAKER St. S. Bailey  (Address) Darlington mid,  24. Wes disease or injury in englway related to occupetion of decessed? Mo  (Address) Salington mid,  (Signed) Arthurfton M. D.  Registrar.  (Address)	Ada the sell of all as	manner of injury
20. FILEO Chall 2/9 23 MW 7k is a Registrar.  (Address)  (Address)  (Address)	A1 -0 b '0	Nature of injury
20. FILEO Chall 270 23 MW 7K W. Registrar. (Address)		24. Wes disease or injury in eng way related to occupetion of deceesed? The
Registrar. (Address)	(Address) warington and	
	20. FILEO CIPTLE 279 23 MW KW	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	St., Wa ad of street and number) yrs. mos.  ty or town and State  DEATH  S. (Year)  hat I attanded daceased from the state of the state
Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No. St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  6. DATE OF BERTH (month, day, and year)  7. AGE  Years  Months  PST. Ward.  (Usual place of abode)  St., Ward.  (If nonresident give city  MEDICAL CERTIFICATE OF  21. DATE OF DEATH  (Month)  (Month)  (Solution of the state of above, at 19, 33, to 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	ad of street and number) yrs
2. FULL NAME Arah Blizabeth Whitney  (a) Residence: No. Harre de Louis Str. Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIYORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Correct Wife Correct Corr	DEATH  Joay)  193  (Year)  At 1 attended deceased for the standard for the
(a) Residence: No. Harre de Cual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVERCED (**vrite* the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (or)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Medical Certificate of MEDICAL CERTIFICATE OF  MEDICAL CERTIFICATE OF  MEDICAL CERTIFICATE OF  21. DATE OF DEATH  (Month)  22.  HEREBY CERTIFY. The  1 last saw here alive on  2 last saw here alive on  2 last saw here alive on  2 last saw here alive on  3 last saw here alive on  4 last saw here	DEATH  S. 193. 3 (Year)  Anat I attended deceased to 1, 19. 3  S. 19. 3  Geath is
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF Birth (month, day, and year)  7. AGE  Years  MEDICAL CERTIFICATE OF  MEDICAL CERTIFICATE OF  21. DATE OF DEATH (Month)  22.  A HEREBY CERTIFY, The same of the same	DEATH  S. 193. 3 (Year)  Anat I attended deceased to 1, 19. 3  S. 19. 3  Geath is
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BtRTH (month, day, and year)  7. AGE  Years  Months  S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)  (Month)  22.  A HEREBY CERTIFY, The control of the date stated above, at 12 miles  1 last saw here alive on the date stated above, at 12 miles  1 to have occurred on the date stated above, at 12 miles  1 and the control of the date stated above, at 12 miles  2 and the control of the date stated above, at 12 miles  2 and the control of the date stated above, at 12 miles  2 and the control of the date stated above, at 12 miles  2 and the	(Year)  (Year)  (A)  (A)  (A)  (A)  (B)  (B)  (B)  (B
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Vears  OR DIVERED (varie the word) (Month)  22.  A HEREBY CERTIFY, The special of the same of the s	(Day) (Year) that I attended deceased (1) (1) (2) (3) (4) (5) (7) (7) (7) (8) (9) (9) (9) (9) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
HUSBAND of (or) WIFE of	7 , 19.33; death is
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 12 min	
he PRINCIPAL CAUSE OF DEATH and related caused of in	
ormin. were as fellows:	mportance Date of or
8. Trade, profession, or particular kind of work done, as SPINNER, Acuse Outies SAWYER, BOOKKEEPER, etc.	'se
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	2
10. Date deceased last worked at this occupation (month and 261, 1433   11. Total time (years) spent in this occupation (coupation occupation occupation	
12. BIRTHPLACE (city or town) 1 tarford 6 (State or country)	
CE 13. NAME John Harwood	
14. BIRTHPLACE (city or town) Name of operation	
what test confirmed diagnosis?	
16. BIRTHPLACE (city or town) Data of	
Where did injury occur?  (Specify city or town, Specify whether injury occurred in INDUSTRY, in HDME, or (Address)	county and State) in PUBLIC PLACE,
18. BURTAL, CREMATION, OR REMOVAL - O Deter Glob   1 1035 Manner of Injury	
Nature of injury	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of (Address) 4 avr e du Guace 16 d. If so, specify	-deceased?
20. FILED april 11, 1933 Charle Daley no. (Signed) (Signed)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1 we		
Chronic interstitial nephritis	1915	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEVICEE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING H UNFADING INK-THIS IS A PERMANE TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.-WRITE PLAINLY,

V. S. No. 1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of the company of t	Registration Dist. No
Village or City  No.  (If death occurred in a horpital or institute Length of residence in city or town where death occurred. 90 yrs. mos. ds. How long in U.S. if of the series of the	St., Ward tion, give its NAME instead of street and number) If foreign birth? yrs. mos. ds.  If nonresident give city or town and State
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of the series of abode)  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSDAND of Colored	tion, give its NAME instead of street and number)  If foreign birth?
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5a. If married, widowed, or divorced  HUSDAND of	If nonresident give city or town and State
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSDAND of	
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSDAND of	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5a. If married, widowed, or divorced  HUSDAND of	
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5a. If married, widowed, or divorced  HUSDAND of	ERTIFICATE OF DEATH
5a. If married, widowed, or divorced HUSDAND of	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A Williams 32. I HEREBY	afric 177 , 193.3 (Month) (Day) (Year)
(or) WIFE of Um. H Williams Jan	
	CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que 8 1843   last saw h. +== alive on	africe 17, 193 a; death is said
7. AGE Years Months Days If LESS than to have occurred on the date state	1 1 440
9 f day,hrs. The PRINCIPAL CAUSE OF DEAT	TH and related causes of importance
8. Trade, profession, or particular	Oate of enset
o kind of work dona, as SPINNER, Hauslunge Styl D. L.	, bed age,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	disease. Chy R.
this occupation (month and year)	
Other Contributory Causes of impo	ortanca:
(State or country)	
(Unario Acterose	1
E OU OF	
	Date of
what tast confirmed diagnosis?	Was there an autopsy?
T. I death was due to external car	uses (VIDL ENCE) fill in also the following:  Date of Injury
O 16. BIRTHPLACE (city or town)  (Stata or country)  Accident, suicide, or homicide?  Where did Injury occur?	Date of mjury, 19
0 / 9.1.11.	(Specify city or town, county and State) n INDUSTRY, in HDME, or in PUBLIC PLACE.
f8. BURIAL, CREMATION, OR REMOVAL Manner of Injury	
Place Alake Tradel Date (Sept of C 10 3)3	
9/17-00/	ay ralated to occupation of deceased?
19. UNDERTAKER 24. Was disease or injury in any w (Address) If so, specify	ay rainted to occupation of deceased?
20. FILED Charil 19-7933 Do J. Si Mc Habb (Signed) (Address)	Cardill Mid.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Re	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

should state

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Hustoria	Registration Dist. No. 183
Village or City Janethoulle	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	ds. How long In U.S. it of foreign birth?yrsds.
2. FULL NAME MCCCOCK ME LEC	in mining
(a) Residence: No. Bell Con mix	St., Ward.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	april 24 1933
mul mances	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (C) WIFE of C	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Connie & . Worldungton	Cepr 1931, to apr 1933
6. DATE OF BIRTH (month, day, and year) Oct 3 1882	I last saw h alive on apr 22 ,1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
50 ( 21 1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	Pulmonary Embolism
6 Hade, Broteson, or Battlesheev SAWYER, BODKKEEPER, etc.	
A Industry or business in which work was done, as SILK MILL rounty backley	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL County In cally SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this spent in this	
this occupation (month and spent in this occupation occupation	
all Cin me	Other Contributory Couses of Importance:
12. BIRTHPLACE (city or town)	
The state of the s	
14. EURTHPLACE (city or town) arely by med	2 word
(State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Justy Theresa W. Cornick  16. BIRTHPLACE (city or wwn) All City Ma	23. If death was due to external ceuses (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or twen)	Accident, suicide, or homicide?
Volem E marthurst	Where did injury occur?  (Specify city or town, county and Siate)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR BEMDVAL	Manner of Injury
Planteslengthe Com, Dato legrel 26, 183	Nature of Injury
C. G. Keros & Se	24. Was disease or Injury in any way related to occupation of deceased? The
19. UNDERTAKER (Address) Carrebsville put	If so, specify
01 M 22 P 4 P B	(Signed) / Stop/ Comp. M. D.
20. FILED UP 24, 1933 / Norman / Registrar.	(Address) Blan mel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1 Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run aver by sireet car 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	RECORD. Every item of infor-	ET. PHYSICIANS should state	1. Exact statement of OCCUPA-	
V. S. No. 1 (-1) MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, TH UNFADING INK-THIS IS A PERMANE RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTET. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	The state of the s
County Harland	Registration Dist. No. / 8
Village or City Oberdeen!	No. St., Ward
1 0 (1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred by yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME J. Thenry Wright	
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If merried, widowed, or divorced HUSBAND of -	(Month) (Oay) (Year)
HUSBAND OF - Cliyabeth P. Wright	22 I HEREBY CERTIFY, That I attended deceased from 1933 to Shill 2 1933
6. DATE OF BIRTH (month, day, and year) 7 AT. 18 3	Tast saw here alive on the 12 ,1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Lo. Pm.
81 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Associational pl
kind of work done, as SPINNER, Welling Muchand	Gire.
9. Industry or business in which work wes done, as SILK MILL,	V
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Sederalsburg.  (State or country) Wary land.	
13. NAME Charles Chright.	
13. NAME Charles Corright.	Name of operation Date of
(State of country) / racy care	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Celia Whiglet	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Celia Wright  16. BIRTHPLACE (city or town)  (State or country)  Nacyland.	Accident, suicide, or homicide? Oate of injury 19— Where did injury occur? awardles mary laws
17. INFORMANT Mrs. Elizabeth P. Wright (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Federalsburg Oate afor. 15 , 1933	Nature of injury
19. UNDERTAKER Therety Tarring & Sono.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED April 14, 19 33 Old Michael	(Signed) M. D.
Registrar.	(Address) (Ilmymuu luk

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